

**Nassau County Department of Health
Early Intervention Program
Corrective Action Plan**

	RECOMMENDED ACTION	REPORT COMMENT NUMBER	IMPLEMENTATION STATUS
1	New York State law requires that a LEICC be established in each municipality, to advise local authorities about the planning, delivery, and assessment of EIP services. The department should work closely with the Nassau County Local Early Intervention Coordinating Council (LEICC), and with other New York State counties, to develop EIP monitoring approaches on the county level. The department should seek the support and cooperation of the other entities in developing cost-benefit assessment tools and a program evaluation system as soon as possible.	1	
2	The Office of the State Comptroller's 1997 audit report on the state-wide EIP evaluated program results. The report noted that both the NYSDOH and individual counties did not have systems in place to measure their progress toward EIP goals. The report acknowledged that it would be difficult for local EIP officials to measure long term progress. However, the report recommended that officials should begin monitoring progress toward such short-term goals as determining whether the EIP is providing equitable access to services, by monitoring the percentage of children less than three years of age that are in the program, in comparison to other counties. We recommend that department officials seek the support and input of the NYSDOH, LEICC and other New York State counties in developing and implementing short-term assessment tools.	Auditor's Follow-up Response	
3	The administration should encourage state policy makers to consider whether evaluations should be performed by professionals who are independent of service providers. NYSDOH assumed operation of the EIP on July 1, 1993, and now has more than 10 years of administrative experience. The State Comptroller's report covered the period July 1, 1993 through December 31, 1995, and it is appropriate that the state DOH re-examine EIP reimbursement methods, evaluation guidelines, and similar issues in light of the benefit of this experience. The LEICC should also be apprised of this issue, and their guidance sought to effect corrective action.	2	
4	Because the county is represented on two NEIS advisory committees, every effort should be made to bring the KIDS weaknesses to the attention of NYSDOH, to ensure that NEIS will adequately resolve them when implemented.	3	
5	The department has increased staffing levels in order to minimize the need to contract out for service coordinators. In 2001 and 2002 new service coordination staff were added and trained; as a result the number of cases per Service Coordinator declined below 100 for the first time in several years. Department managers informed us that internal controls are enhanced and costs better controlled when these services are provided "in-house", thus every effort should be made to continue this process. Countywide budgetary constraints may make it difficult to impossible for the department to reach the state's recommended staffing levels in the foreseeable future. In its EI Memorandum 94-4 on Service Coordination, NYSDOH anticipated that caseload guidelines would be refined with additional EIP experience. Almost 10 years have passed since the memorandum; Nassau and Suffolk Counties may wish to press NYSDOH to revisit the issue.	4	

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6	The department should take corrective action to prevent delays of these types. Senior EIP staff should consider requiring management reports reporting on the status of IFSP plans in progress that are nearing the 45-day deadline. More attention would thus be focused on these IFSPs to ensure their completion within permitted timeframes. If staff shortages are a contributing factor, the administration's support and assistance in supplementing initial service coordination staff should be requested.	5	
7	Our test of program records for 20 children receiving services in 2001 and 2002 indicated that in 11 instances, or 55%, the IFSP was completed after the 45-day window. However, our test disclosed two instances where evaluator delay was cited as the reason for missing the deadline, and one instance where delayed receipt of an evaluation summary was responsible. A December 2004 Quarterly Progress Statistics Report, provided with the department's response, listed 43 IFSP's completed late. For six of the cases evaluator backlog/delay, delayed receipt of evaluation report, and service coordinator's high caseload were provided as the "late reason". Every effort should be made to reduce or avoid these types of delays. While the review of the "late reason report" may be a valuable tool, developing and monitoring a report that identifies IFSP plans in progress that are nearing the 45-day deadline might be more effective in preventing delays.	Auditor's Follow-up Response	
8	Information regarding the Medicaid eligibility of each child should be updated at least every six months when a review of each child's IFSP is conducted. The review should be documented in writing in the child's file. This could result in lower costs to the county if it were determined that the child obtained Medicaid coverage after entering the program. Similarly, regular reviews of the child's insurance status should be performed, and should be documented in program files.	6	
9	The IFSP Review Plan includes a section where changes in insurance are listed during the six month review. Any changes in the child's insurance status must be noted and researched by the appropriate Health Department data entry/insurance coordination staff. Although the department indicated that this is done, it is not evidenced on the form or in the child's file. As changes could inadvertently be missed, we recommend that the insurance status review of the IFSP Review Plans be documented in the child's file, perhaps through a checklist or by a reviewer's signature and date.	Auditor's Follow-up Response	
10	The department should: a. issue its second and third request-for-payment letters in a timely manner; b. bring staff shortages affecting this function to the attention of county administrators for corrective action; c. follow up and document insurance payment refusals; d. promptly pursue the necessary insurance authorizations for the service that will be needed, and e. maintain copies of rejection notices and explanations of benefits in the children's file records. Insurance refusals should not be entered in KIDS as "not billable" until this process is complete and documented.	7	

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11	EIP staff noted that a bill filed in the State Assembly would allow the IFSP to serve as proof of pre-authorization of services. A senior staff member noted that many counties are lobbying for the bill. Because this bill would significantly ease the billing process, the department should request the assistance of county administrators in urging our state legislators to support this legislation.	7	
12	The department should comply with the NYS Early Intervention Program Guidance on Claiming Commercial Insurance for Early Intervention Services by filing a Prompt Payment complaint after 45 days of non-response by the insurance carrier. If staff shortages are hampering this effort, county administrators should be advised and their assistance in remedying the shortage should be requested.	8	
13	We support the department's decision to request clarification from New York State regarding the lack of response to its complaints against insurance providers. Although the response to the efforts to follow-up on 25 complaints has been discouraging to date, we encourage the department to continue to pursue the 5 complaints acknowledged by the state that have not yet been resolved.	Auditor's Follow-up Response	
14	We reiterate our recommendation that the department: Comply with Memorandum 2003-2, EIP Guidance on Claiming Commercial Insurance for Early Intervention Services, by contacting the insurer if no response is received within 45 days. While we understand the department's position that a 60 to 90 day period for issuing second requests to insurers' may be a more appropriate time-frame due to responses "crossing in the mail", we recommend that the department comply with state guidance, while advising the state of the problems encountered as a result for possible revision or clarification.	• Auditor's Follow-up Response	
15	Since the county and state must fund costs that are not reimbursed by Medicaid or private insurance, it is essential that the department make every effort to maximize third-party reimbursement by: 1. Periodically reviewing and reconciling KIDS billing and payment reports in a complete and timely fashion. Following up and tracking outstanding accounts receivable in a timely manner. 2. Devoting the necessary resources to ensure that batches are reviewed in a timely manner. 3. If staff shortages are hampering these efforts, the situation should be brought to the attention of county officials for remedial action.	9	